INSTRUCTIONS FOR COMPLETING THE
MEDICAL DOCUMENTATION FOR FORMULA SUBSTITUTION FORM

1. **Client information**
   Enter the following data including:
   - Date the form is completed
   - Client name
   - Client's date of birth
   - Parent/guardian name (if client is an infant or child)

2. **Indicate length of time formula medically required:** Check one of the boxes indicating one, three or six month time period. A subsequent form must be completed if the formula continues to be medically necessary after this time period.

3. **Formula prescribed:** Check one of the boxes indicating the WIC authorized formula prescribed. *Medical documentation is not required for infants receiving Enfamil with Iron, Enfamil LactoFree LIPIL or Enfamil ProSobee formulas.*

4. **Indicate appropriate medical diagnosis:** Check the medical diagnosis requiring formula substitution. The medical diagnosis must correspond with the necessity of the prescribed formula. If "Other serious medical condition" is marked, describe condition.
   Note: A symptom description such as "fussy baby" is not a medical diagnosis.

5. **Name and signature of prescriptive authority:** Print or stamp the provider name. All forms require the original signature of a prescriptive authority to be valid.

6. **Return completed form to WIC client or local WIC clinic.** The information on the completed form is confidential. Assure confidentiality when mailing or faxing this form. Do not mail or fax this form to the Washington State WIC office.

This form applies to women, infants or children receiving formula from WIC.

For a copy of this form, visit: http://www.doh.wa.gov/cfh/WIC/LocalAgInfo.htm

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The Washington State WIC Program is an equal opportunity provider and employer.